## CALIFORNIA 700 2000/2001 FORM 700 FAIR POLITICAL PRACTICES COMM.

#### STATEMENT OF ECONOMIC INTERESTS

A Public Document

RECEIVED

Please type or print in ink NAME (LAST) (FIRST) (MIDDLE) DAYTIME TELEPHONE NUMBER NN(N)MAILING ADDRESS 1. Name of Office Sought or Held, Agency or 4. Schedule Summary (Check applicable schedules or "No reportable interests.") Court (Provide precise name. Do not use acronyms.) → During the reporting period, did you have any reportable interests to disclose on: Division, Board, District, if applicable: Yes - schedule attached Schedule A-1 Investments (Less than 10% Ownership) Position: Schedule A-2 Yes - schedule attached Investments (Greater than 10% Ownership) If Expanded Statement – List agency/position: ☐ Yes — schedule attached Schedule B (Attach a separate sheet if necessary. Do not use acronyms. Real Property File originally signed statement with each filing official.) Agency: 🗅 Schedule C Yes – schedule attached Income & Busines içitiONS (Income Other than Loans, Gifts, and Travel) Position Title: \_ Schedule D Yes – schedule attached Income - Loans 2. Office Jurisdiction (Check one) Yes – schedule attached Schedule E ☐ State Income - Gifts County of Schedule F Kes – schedule attached Income - Travel Multi-County → ☐ No reportable interests on any schedule Other. Total number of pages (including this cover page): 3. Type of Statement (Check at least one box) 5. Verification Assuming Office/Initial I have used all reasonable diligence in preparing this Annual statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any (Check one) attached schedules is true and complete. I certify under penalty The period covered is January 1, 2000, through of perjury under the laws of the State of California that the December 31, 2000. foregoing is true and correct. O The period covered is \_\_\_\_ December 31, 2000. **EXECUTED ON** Leaving Office Date Left: \_\_\_\_ (Check one) O The period covered is January 1, 2000, through the date of leaving office. O The period covered is \_\_\_\_/\_\_\_, through the date of leaving office. ☐ Candidate

### Income & Business Positions

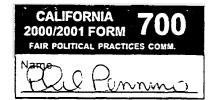
(Income Other than Loans, Gifts, and Travel Payments)

CALIFORNIA 2000/2001 FORM FAIR POLITICAL PRACTICE	700 s comm.
Name + Dil Borr	wio

> NAME OF SOURCE	NAME OF SOURCE
PGIC	
4040 Westlane	ADDRESS S. Ham Cane
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
Major Acct Reso.	11 Orgent
GROSS INCOME RECEIVED	GROSS INCOME RECEIVED
S500 - \$1,000 S1,001 - \$10,000	\$500 - \$1,000 S1,001 - \$10,000
\$10,001 - \$100,000 OVER \$100,000	\$10,001 - \$100,000 OVER \$100,000
	200000000000000000000000000000000000000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED  Spalary  Spouse's income  Loan repayment	CONSIDERATION FOR WHICH INCOME WAS RECEIVED  Salary  Spouse's income  Loan repayment
Salary Spouse's income Loan repayment	1
Sale of(Property, car, boat, etc.)	Sale of (Property, car, boat, etc.)
	Commission or Rental Income, list each source of \$10,000 or more
Commission of Rental Income, list each source of \$10,000 or more	Rental modifie, hist wear source of \$10,000 or more
Other	Other
(Describe)	(Describe)
➤ NAME OF SOURCE	> NAME OF SOURCE
ADDRESS	ADDRESS
Address	100.1202
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
TOOK DOOMESS TOOMS	, os. ( Bosiness ) os. non
ODOGO WOOMS OFFICE	CDOCC WOOLE DECEMEN
GROSS INCOME RECEIVED    \$500 - \$1,000   \$1,001 - \$10,000	GROSS INCOME RECEIVED  \$1,001 - \$10,000
\$10,001 - \$100,000 OVER \$100,000	\$500 - \$1,000  \$1,001 - \$10,000  \$10,000  \$10,000
	<u> </u>
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Salary Spouse's income Loan repayment	Salary Spouse's income Loan repayment
Sale of	Sale of
(Property, car, boat, etc.)	(Property, car, boat, etc.)
Commission of Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
Other	Other
(Describe)	(Describe)
•	
Comments:	_

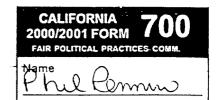
#### Income - Loans

(Received or Outstanding)



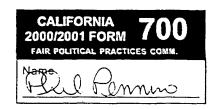
NAME OF LENDER	NAME OF LENDER
P.O. Box 1200 Pacadone CA	P.O. Box 8191 Walnut Craek
BUSINESS ACTIVITY OF LENDER Financial Institution	BUSINESS ACTIVITY OF LENDER  Financial Institution
INTEREST RATE TERM (Month) (Years)	INTEREST RATE TERM (Months/Years)
HIGHEST BALANCE DURING REPORTING PERIOD    \$500 - \$1,000	HIGHEST BALANCE DURING REPORTING PERIOD  \$500 - \$1,000
SECURITY FOR LOAM  None Personal residence	SECURITY FOR LOWN  None  Automobile  Personal residence
Real Property	Real Property
City  Guarantor	City  Guarantor
Other	Other (Describe)
NAME OF LENDER	NAME OF LENDER
ADDRESS	ADDRESS
BUSINESS ACTIVITY OF LENDER  Financial institution	BUSINESS ACTIVITY OF LENDER Financial Institution
Other	Other
INTEREST RATE TERM (Months/Years)	INTEREST RATE TERM (Months/Years)
	HIGHEST BALANCE DURING REPORTING PERIOD  \$500 - \$1,000  \$1,001 - \$10,000  \$10,001 - \$100,000  OVER \$100,000
SECURITY FOR LOAN None	SECURITY FOR LOAN  None Automobile Personal residence
Real Property	Real PropertyStreet address
City	City
Guarantor	Guarantor
Other(Describe)	Other(Describe)
Comments:	<u> </u>

#### Income - Gifts



NAME OF SOURCE			NAME OF SOURCE						
HTET			HerzoG						
ADDRESS	O h		ADDRESS	•	_				
1138 E1	Mark La	ne Stortto		) Stockton	<u>9520</u>				
BUSINESS ACTIVITY, IF ANY,	. 10		PUSITIESS ACTIVITY, IF ANY	Y, OF SOURCE					
DESCRIPTION OF GIFT(S)	KATION	DATE	DESCRIPTION OF GIFT(S)	VALUE	DATE				
1 2 10 6	7,00		- (0)	) ,1400					
11 Chity FOCO	s_/O_	8,10,00	Whomer (a)	7 3140	9 <u>38,0</u> 0				
•	•	, ,		•	, ,				
	. \$								
	. s								
➤ NAME OF SOURCE			● NAME OF SOURCE						
•									
AUURESS'			ADDRESS						
DISCINISCE ACTIVITY IS ANY	OF FOURCE		DUCINECS ACTIVITY IS AN	4.05.601105					
BUSINESS ACTIVITY, IF ANY,	OF SOURCE		BUSINESS ACTIVITY, IF AN'	Y, OF SOURCE					
DESCRIPTION OF GIFT(S)	VALUE	DATE	DESCRIPTION OF GIFT(S)	VALUE	DATE				
	• .								
-									
	s	_ · _/							
- '		_							
	_ \$			S					
► NAME OF SOURCE		·	➤ NAME OF SOURCE						
1000500									
ADDRESS			ADDRESS						
BUSINESS ACTIVITY, IF ANY,	OF SOURCE		BUSINESS ACTIVITY, IF ANY	Y. OF SOURCE					
DESCRIPTION OF GIFT(S)	VALUE	DATE	DESCRIPTION OF GIFT(S)	VALUE	DATE				
-	•	, ,			, ,				
-	3			\$					
	. s		<u> </u>						
·	•	, ,		\$	, ,				
	3	I		\$					
Comments:									

# Income – Gifts Travel Payments, Advances, and Reimbursements



League of Calu Cities	NAME OF SOURCE
ADDRESS OF K SCROTT	ADDRESS
CITY AND STATE Social or and the CA	CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
TYPE OF PAYMENT: (check one)  Gift Income  AMT: \$ DATE(S):  DESCRIPTION:	TYPE OF PAYMENT: (check one)  Gift   Income  AMT: \$ DATE(S):/
➤ NAME OF SOURCE	➤ NAME OF SOURCE
ADDRESS	ADDRESS
CITY AND STATE	CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
TYPE OF PAYMENT: (check one)  Gift Income	TYPE OF PAYMENT: (check one)  Gift Income  AMT: S DATE(S)://
AMT: \$DATE(S):	DESCRIPTION: (II applicable)
➤ NAME OF SOURCE	➤ NAME OF SOURCE
ADDRESS	ADDRESS
CITY AND STATE	CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
TYPE OF PAYMENT: (check one)  Gift Income  AMT: \$ DATE(S):	TYPE OF PAYMENT: (check one)  Gift Income  AMT: \$ DATE(S):/
DESCRIPTION:	DESCRIPTION:
Comments:	

BOARD MI	EMBER EXPENSES 2000				:
loard Member	Description	Date	Amount	Paid to Key	Check Paid To
PHIL PENNINO	P PENNINO ROOM 01/00 BD MTG	4/14/00	\$165.39	CLA14	THE CLAREMONT RESORT
	P PENNINO ROOM 07/99 BD MTG	6/23/00	\$203.50	LAP02	LA PLAYA HOTEL
	SHUTTLE 4/00 BD MTG	4/20/00	\$24.00	PEN05	PENNINO/PHIL
	PARKING 1/00 BD MTG	1/28/00	\$12.00	PEN05	PENNINO/PHIL
1	MILEAGE 7/00 BD MTG	7/31/00	\$104.00	PEN05	PENNINO/PHIL
	MILEAGE 4/00 BD MTG	4/20/00	\$33.15	PEN05	PENNINO/PHIL
	PER DIEM 1/00 BD MTG	1/28/00	\$20.00	PEN05	PENNINO/PHIL
	MILEAGE 1/00 BD MTG	1/28/00	\$45.50	PEN05	PENNINO/PHIL
	AIR FARE 4/00 BD MTG	4/20/00	\$136.84	PEN05	PENNINO/PHIL
			\$744.38		•

#### **BOARD MEAL FUNCTIONS IN 2000**

Costs incurred by the League for board meal functions during 2000.

Board members may review the following list of meal functions, identify those which they attended, and add the cost to the summary of direct charges and reimbursements for a total of League costs during 2000. If a spouse or guest accompanied you to any of these events, the additional costs may also be reportable.

	Oakland	Lo	s Angeles		Carmel		Anaheim	San Diego	Sa	n Diego
	1/14-15/00		4/7-8/00	7/	/28-29/00		9/6-7/00	11/15-17/00	11/	17-18/00
Meal Function	Claremont	Wils	shire Grand	La I	Playa Hotel		Hilton	Catamaran	Ca	tamaran
						(A	nnual Conf.)	(League Leaders)	(	Board)
·										
Wednesday lunch						\$	39.41			
Wednesday dinner								\$ 42.12		
Thursday breakfast								14.62		
Thursday lunch		}						19.71		
Thursday recept/dinner*							92.14	35.60		
Friday breakfast								14.62		
Friday recept/lunch	\$ 42.95	\$	36.87	\$	32.15			23.50	\$	23.50
Friday recept/dinner**	73.47		60.84		60.09					45.30
Saturday breakfast	23.72		22.77		22.17					14.62
Saturday lunch	41.22		40.68		41.07					34.33
Total	\$ 181.36	\$	161.16	\$	155.48	\$	131.55	\$ 150.17	\$	117.75

- The Thursday dinner during the annual conference was held at the Bowers Museum.
- \*\* The Friday dinner during the April board meeting was held at the Getty Museum.

g:\mss\member\rid\board\FPPCexp.xls

### CALIFORNIA 700 2000/2001 FORM 700 FAIR POLITICAL PRACTICES COMM

#### STATEMENT OF ECONOMIC INTERESTS

A Public Document

RECEIVED

Please type or print in ink	C1
NAME (LAST) (FIRST)	(MIDDLE) DAYTIME YELEPHONE RUMBER
	A 11
MAILING ADDRESS STREET CITY (May be business address)	ZIP CCCE OF CITY OF LODING
1502 Karak Late	~00, ∧. rool ③
COVE	R PAGE
1. Name of Office Sought or Held, Agency or Court (Provide precise name. Do not use acronyms.)	4. Schedule Summary (Check applicable schedules of "No reportable interests.")
San Joaquin Regional Rail Division, Board, District, if applicable:	During the reporting period, did you have any reportable interests to disclose on:
Chairman	Schedule A-1 Yes - schedule attached
Position:	invesiments (Less tran 10% O <del>umers</del> nip)
	Schedule A-2
If Expanded Statement – List agency/position: (Attach a separate sheet if necessary. Do not use acronyms.	Schedule B : Yes - schedule attached
File originally signed statement with each filing official.)	Real Property
Agency:	Schedule C Yes – schedule attached Income & Business Positions (income Quer than Loans, Gits, and Travel)
Position Title:	Schedule D. XYes – schedule attached
	Income – Loans
2. Office Jurisdiction (Check one)	Schedule E 💮 🔀 Yes – schedule attached
☐ State	Income - Gifts
County of	Schedule F Tes - schedule attached income - Travel Payments
City of	income - Iravel Payments
Multi-County	
Other	→ ☐ No reportable interests on any schedule
	Total number of pages (including this cover page):
3. Type of Statement (Check at least one box)	5. Verification
Assuming Office/Initial Date:/	I have used all reasonable diligence in preparing this
Annual (Check one)	statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any
The period covered is January 1, 2000, through December 31, 2000.	attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the
O The period covered is/, through December 31, 2000.	foregoing is true and correct.
Leaving Office Date Left:/	EXECUTED ON 1 Aug 200)
<ul> <li>The period covered is January 1, 2000, through the date of leaving office.</li> </ul>	SIGNATURE The time originally signed statements with your filing difficual.
O The period covered is/, through the date of leaving office.	
Candidate	

### CALIFORNIA 700 2000/2001 FORM 700 FAIR POLITICAL PRACTICES COMM.

#### STATEMENT OF ECONOMIC INTERESTS

A Public Document

Please type or print in ink

NAME (LAST) (FIRST)	(MIDDLE) DAYTIME TELEPHONE NUMBER
Ponono Phillip	Anthony (209, 942-1730
MAILING ADDRESS STREET CITY (May be business address)	ZIP CODE OPTIONAL: FAX / E-MAIL ADDRESS
1502 Kecale Way to	n: On $95242$
	RPAGE
1. Name of Office Sought or Held, Agency or Court (Provide precise name. Do not use acronyms.)	4. Schedule Summary (Check applicable schedules or "No reportable interests.")
Altamont Commuter Express	■ During the reporting period, did you have any reportable
Division, Board, District, if applicable:	interests to disclose on:
Board member	Schedule A-1
Position:	Investments (Less than 10% Ownership)
	Schedule A-2 Yes - schedule attached
If Expanded Statement – List agency/position:	Investments (Greater than 10% Ownership)
(Attach a separate sheet if necessary. Do not use acronyms.	Schedule B Yes – schedule attached
File originally signed statement with each filing official.)	Real Property
Agency:	Schedule C Yes — schedule attached Income & Business Positions (Income Other than Loans, Gifts, and Travel)
Position Title:	<u>\</u>
	Schedule D Yes - schedule attached Income - Loans
2. Office Jurisdiction (Check one)	Schedule E Yes - schedule attached
☐ State	Income – Gifts
County of	Schedule F Schedule attached
☐ City of	Income Travel Payments
Multi-County	
Other	→ No reportable interests on any schedule
<del>-</del>	Total number of pages (including this cover page):
3. Type of Statement (Check at least one box)	
Assuming Office/Initial Date:	5. Verification
Annual	I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of
(Check one)	my knowledge the information contained herein and in any
The period covered is January 1, 2000, through Décember 31, 2000.	attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
O The period covered is/, through December 31, 2000.	
, ,	EXECUTED ON MAN AND AND AND AND AND AND AND AND AND A
Leaving Office Date Left:	(ANNI), Uay, year)
(Check one)  O The period covered is January 1, 2000, through the date of leaving office.	SIGNATURE (File the originally signed statement with your filing official.)
O The period covered is, through the	$\mathcal{L}$
date of leaving office.	
Candidate	FPPC Form 700 (2000/2001)
mailed to Rail Com. on 3/29/61	FPPC Form 700 (2000/2007)  FPPC Toll-Free Helpline: 866/ASK-FPPC